Access Model	Described in Appendix A of the Cattlement Agreement the
Access Model	Described in Appendix A of the Settlement Agreement, the
	Access Model is the process by which the System of Care
	operates to identify children and youth for referral to
	assessment (including self-referral) and links them to
	services/supports. It provides the system protocols for how
	Class Members can expect to move into, through, and out of
	Idaho's children's mental health system. The Access Model
	is guided by the Principles of Care and Practice Model. See
	Appendix B for more on the Principles of Care and Practice
	Model.
Algorithm	A set of instructions for a process that leads to a predictable
	result; set of rules to be followed in calculations or other
	problem-solving operations; business flow diagrams.
Assessment Process	The series of steps taken to gather information with the
	purpose of making a mental health diagnosis; in the
	assessment process defined by the Settlement Agreement,
	a mental health assessment is administered in conjunction
	with the Child and Adolescent Needs and Strengths (CANS).
Behavioral Health	Best practice standards published by the Division of
Authority Standards	Behavioral Health used to guide the delivery of behavioral
of Care	health services. The standards carry the intention of serving
	as a consistent base for the provision of high quality
	behavioral health care in Idaho, by providing increased
	awareness, understanding and utilization of best-practice
	service and treatment modalities. Careful consideration has
	been paid to: a) evidence-based behavioral health practices;
	b) widely accepted standards of behavioral health care; c)
	Idaho Administrative Rule (program specific); d) state
	contractual requirements; e) current practice; f) need
	throughout the state; and g) input from community providers,
	consumers, and stakeholders. Read more about the
	Behavioral Health Authority Standards of Care on the DHW
	website.
Blended funding	A method for using multiple funding streams to support a
	common group of activities on behalf of a defined population
	in need. Blended funding involves commingling the funds
	into one "pot" where program needs can be met. When
	funding is blended, it goes into the "pot" and when it is pulled
	back out to pay for an expense, there is no means for the
	fiscal manager to report which funding stream paid for
	exactly which expense.
Braided funding	A method for using multiple funding streams to support a
_	common group of activities on behalf of a defined
	population. The term braided is used because multiple
	funding streams are initially separate, brought together to
	pay for more than any one stream can support, and then
	carefully pulled back apart to report to funders on how the
	money was spent.
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CANS Workgroup	A group of stakeholders, including parents, providers and
CANS Workgroup	A group of stakeholders, including parents, providers and advocates, who function in collaboration with agency representatives to perform research and analysis on the specific topic of the Child Adolescent Needs & Strengths (CANS). Purpose: create a version of the CANS tool that will be useful across multiple child-serving systems for the purposes of assisting in assessment, treatment planning, and outcome measurement processes.
Checklist	A brief tool, based on the CANS, that can be used by anyone (no training or certification required) to provide information to parents about their child's potential mental health needs. Additionally, the Checklist will contain referral information in case the results of the Checklist indicate the need for a referral.
Child and	A tool used in the assessment process that provides a
<b>Adolescent Needs</b>	measure of a child's or youth's needs and strengths. This is
and Strengths	important and necessary information for the Child and
(CANS)	Family Team to use to build an effective treatment plan. The
	information will help the Child and Family Team make
	decisions about what should be done to help the child and
	family in terms of mental health services and supports. The state will use the CANS to identify children and youth who
	may be Class Members. The tool will also be used to track
	the Class Member's progress in treatment. Read more about
	the CANS at www.praedfoundation.org .
Child and Family	A teaming process that brings together the family and
Team (CFT)	individuals that the Class Member and family believe can help them develop and implement a care plan that will assist
	them in realizing their treatment goals; the CFT may be small or large.
	The CFT includes, at a minimum, the child and family and the mental health provider. Others may be included such as any individuals important in the child's life and who are identified and invited to participate by the child and family. This may include, for example, a physical health provider, teachers, extended family members, friends, family support partners, healthcare providers, coaches, community resource providers, representatives from churches, synagogues or mosques, agents from other service systems like the Idaho Department of Juvenile Corrections or Child Welfare services.
	The size, scope and intensity of involvement of the team members are determined by the goals of treatment, the needs of the family, and other individuals in the child's or youth's life whose input is necessary in order to develop an effective service plan.
	Members of the CFT may be added or removed as the needs and strengths of the Class Member and family

	change over time. Read more about the CFT in Appendix B of the Settlement Agreement.
Children's Mental Health Reform Project (CMHR) Plan	The planning document the State is developing that will drive the execution of the work described in the Idaho Implementation Plan; it will clarify the scope of the project, define tasks, specify timelines, identify dependencies, and
	will contain all planning documents for the purposes of tracking and documenting progress on the implementation.
Class Member	Idaho residents with a serious emotional disturbance who are under the age of eighteen (18), have a diagnosable mental health condition and have a substantial functional impairment; the diagnosis must be based on the Diagnostic and Statistical Manual of Mental Disorders (DSM).
Communication Plan	Outlines the outreach, materials, mediums and methods that the Children's Mental Health Project will employ to inform the community of Class Members, their families and associated stakeholders on all aspects of the new System of Care.
Continuum of Care	Refers to a comprehensive array of services/supports extending from the least invasive such as counseling or medication to the most restrictive, inpatient hospitalization. The intent is to provide for a service/support for each phase and level of treatment from identification/diagnosis to transition out of the system.
Due Process (also referred to as Fair Hearing or Administrative Hearing)	transition out of the system.  The process an agency must take to ensure that a person is not treated in an unfair, unsupported, or unreasonable way. Due process may include:  • the agency sending a formal letter with specific information to the person (also known as a "notice"),  • an informal complaint process (also known as a "grievance"), and  • rights to a hearing to review the decision the agency made that the person disagrees with (also known as "agency action").  A fair hearing occurs when a person asks for one so that a neutral official can review the facts from the person and the facts from the agency. For children and youth with SED, agency action includes:  • when an agency determines that a child or youth is not a Class Member, following an assessment; or  • when an agency denies or limits a requested service; or  • when an agency reduces, suspends, or terminates a currently authorized service; or  • when an agency denies, in whole or in part, payment for a service.  In fair hearings a person has the right to present facts (also known as "evidence") to support their case and to discover what evidence the agency has that is the opposite.

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Idaho Behavioral Health Cooperative (IBHC)	As defined in Idaho Code Chapter 31, Title 39, advises the Behavioral Health Authority on issues related to the coordinated delivery of community-based behavioral health services. It includes representatives from the Idaho State Judiciary, the Idaho Department of Correction, the Idaho Department of Juvenile Corrections, the Office of Drug Policy, the Idaho Association of Counties, the State Behavioral Health Planning Council, an adult consumer of services, a family member of a youth consumer of services, the State Department of Education and the Idaho Department of Health and Welfare, at a minimum, but may also include other members as deemed necessary by the Behavioral Health Authority.
Health Plan (IBHP)	is a carved out program from the overall fee-for-service medical assistance program. Read more about the IBHP on the DHW website.
Idaho Implementation Plan	Developed as the State's response to the Settlement Agreement from the Jeff D. class action lawsuit; the Plan is the first step in completing the Agreement and satisfying the consent decrees, by developing and implementing sustainable, accessible, comprehensive, and coordinated service delivery of publicly funded community based mental health service to children and youth with serious emotional disturbance in Idaho. Read more about the Idaho Implementation Plan posted on this website.
Intensive Care Coordination (ICC)	A case management service that provides a consistent single point of management, coordination and oversight for ensuring that children who need this level of care are provided access to medically necessary services and that such services are coordinated and delivered consistent with the Principles of Care and Practice Model.  ICC includes assessment of service needs and service planning utilizing the Child and Family Team process. It includes assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services/supports. The ICC worker will coordinate care across settings and providers to ensure seamless transitions for children and youth across the full spectrum of health services. Read more about ICC in Appendix C of the Settlement Agreement.
Interagency Governance Team (IGT)	A collaborative interagency governance structure to coordinate and oversee the implementation of the Settlement Agreement in the Jeff D. class action lawsuit. The purpose of IGT is to serve as a vehicle for communication and monitoring, and to identify and remove barriers to implementation of the CMHR project. The Division of Behavioral Health will lead the IGT that includes partners from the Idaho Department of Juvenile Corrections,

Jeff D. Class Action Lawsuit	the Idaho State Department of Education, Children's Mental Health, Medicaid, Division of Family and Community Services, parent of a Class Member or former Class Member currently below the age of 23, Class Member or former Class Member under the age of 23, Family Advocacy organization representative, County Juvenile Justice Administrator, and private provider representative.  Filed in 1980; sought to address two primary issues: 1) mixing adults and juveniles at State Hospital South, and 2) the provision of community-based mental health and education services to children with serious emotional disturbance.
	In an attempt to resolve the suit the state activity for many years was focused on the provision of community-based mental health services. In 2007, the federal district court dismissed the case. The Ninth Circuit Court of Appeals overturned the decision in 2011, reinstating the case. The federal district court advised the parties to engage in a mediation process to arrive at a solution to the suit.
	The parties collaborated from October 2013 to December 2014, including parent, provider and advocacy representatives, to develop the Settlement Agreement that ultimately will lead to a public children's mental health system of care (SoC) that is community-based, easily accessed and family-driven and operates other features consistent with the System of Care Values and Principles. For more information read the Settlement Agreement posted on this website.
Potential Class Member	Any Idaho resident with unmet mental health needs who has not yet reached their 18 <sup>th</sup> birthday and who IDHW has not yet determined to be a Class Member.
Practice Manual	A IDHW publication for instructing, guiding and facilitating access to services/supports based on the Principles of Care (PoC), Practice Model (PM), and Access Model. The Practice Manual is intended to provide direction to agency staff, community providers, and other system and community stakeholders in the following areas:  • goals of the system of care as described in the Settlement Agreement;  • definitions;  • identification, referral, screening, and assessment;  • the CFT approach;
	<ul> <li>collaboration and coordination with other system and community partners;</li> <li>roles and responsibilities of providers, CFT members, and agencies;</li> <li>the services and supports that are available;</li> </ul>

	access to services and supports;
	billing and service reporting;
	identification and description of decision points, to
	include who makes the decision and any criteria to be
	used in making the decision; and
	procedures for reviewing, reconsidering or disputing
	decisions and an appeal process (due process).
Practice Model (PM)	Provides the framework for providing services and supports
	to Class Members under the Settlement Agreement. The
	Practice Model describes the expected client experience of
	care within the new system of care over the course of intake,
	assessment, treatment and transition.
	The six (6) components in this model focus on
	1) Engagement of the youth and family in treatment
	planning;
	2) Assessment as an in-depth evaluation of needs,
	strengths, concerns and risks;
	3) Care Planning and Implementation drives development of
	the Individualized Treatment Plan;
	4) Teaming through Child and Family Team approach that
	promotes better informed and collaborative decision-making;
	5) Monitoring effectiveness of the Individualized Treatment
	Plan and Adapting the necessary changes to Individualized
	Treatment Plan;
	6) <i>Transition</i> from formal behavioral health supports and
	services to informal supports, or into adult system of care.
	Read more about the Practice Model in Appendix B of the
	Settlement Agreement.
Principles of Care	A framework for service delivery across agencies and
(PoC)	communities that is family-driven, culturally competent,
	individualized, and strength and outcome-based. The
	Principles of Care are intended to guide all formal and
	informal service providers in service delivery and
	management of mental health needs.
	Along with the Practice Model, the Principles of Care are
	used to:
	inform and guide the management and delivery of
	publicly-funded mental health services and supports;
	describe the treatment and support activities that
	providers undertake; and
	describe how services and supports are coordinated
	among child-serving systems and providers.
Provider	Any person or entity, associated with an agency as defined
	above, in a role of directly furnishing a service/support to a
	Class Member or Class Member's family.
Quality Management,	A quality management, improvement and accountability
Improvement and	entity within the Jeff D. governance structure that is a cross-

Accountability	agency collaborative made up of executive level staff and
(QMIA) Council	children's mental health stakeholders with responsibilities
,	specific to meeting the terms of the Settlement Agreement.
Quality Management,	The plan for reporting outcomes, system performance, and
Improvement and	progress on the Children Mental Health Reform Project, as
Accountability	well quality improvement at the clinical, program and system
(QMIA) Plan	levels. See the QMIA Plan, posted on this website, for the
	complete list of QMIA goals and responsibilities.
Quality Management,	A group of stakeholders, including parents, providers and
Improvement and	advocates, who function in collaboration with agency
Accountability	representatives to perform research and analysis on the
(QMIA) Workgroup	specific topics of quality management, improvement and
	accountability (QMIA) so that such concepts can be operationalized in the new System of Care. Purpose: to
	make recommendations regarding the QMIA Plan including
	how to monitor and report on Class-Member outcomes,
	system performance, and progress on implementation of
	Children's Mental Health Reform Project, and ensure
	continuous quality improvement at the clinical, program and
	system levels.
Serious Emotional	The mental, behavioral or emotional disorder that causes
Disturbance (SED)	functional impairment and limits the child's functioning in
	family, school, or community activities. This impairment
	interferes with how the youth the child needs to grow and
	change on the path to adulthood including the ability to
	achieve or maintain age-appropriate social, behavioral, cognitive, or communication skills.
Settlement	The contractual agreement agreed to between the parties to
Agreement (Jeff D.	the Jeff D. class action lawsuit for a resolution to the
Settlement	underlying dispute. A high level description of what the State
Agreement)	agrees to do in order to have the lawsuit dismissed. Read
,	more about the <u>Settlement Agreement</u> on this webpage.
Services and	A group of stakeholders, including parents, providers and
Supports Workgroup	advocates, who function in collaboration with agency
	representatives to perform research and analysis on the
	specific topic of the services and supports described in
	Appendix C of the Agreement. Purpose: to develop a series
	of recommendations for taking action to fulfill the requirements regarding the provision of all the services and
	supports listed in Appendix C of the Agreement. The scope
	of this workgroup includes making recommendations for the
	definitions of all the services/supports, development of a
	Practice Manual, and all associated policy work needed to
	establish the authority to offer and pay for the
	services/supports and invoke formal oversight processes.
System of Care	An organizational philosophy and framework that involves
(SoC)	collaboration across agencies, families, and youth for the
	purpose of improving services and access and expanding
	the array of coordinated community-based, culturally and
	linguistically competent services and supports for children

	and youth with a serious emotional disturbance and their
TCOM	families.
TCOM (Transformational	The TCOM approach is grounded in the concept that the
(Transformational Collaborative	different agencies that serve children all have their own
Outcomes	perspectives and these different perspectives create conflicts. The tensions that result from these conflicts are
Management)	best managed by keeping a focus on common objectives — a shared vision. In human service enterprises, the shared
	vision is the person (or people served). In health care, the
	shared vision is the patient; in the child serving system, it is
	the child and family, and so forth. By creating systems that
	all return to this shared vision, it is easier to create and
	manage effective and equitable systems. See the Praed
	Foundation for this information and more.
Treatment Plan	The Individualized Treatment Plan is built by the Child and
(Individualized)	Family Team and is based on the information in the
	comprehensive assessment (including the CANS) and input
	from the Team membership. It identifies specific goals and
	services/supports designed to aid the child and family, step
	by step, growing and healing toward transitioning out of the
	system of care when the family no longer needs it.
	The treatment plan should be: 1. specific regarding the
	interventions (services/supports); 2. individualized to meet
	the child's needs and rely on the child's strengths; and 3.
	measurable in terms of setting milestones that can be used
	to chart the child's progress. Clear objectives in the plan also
	allow the child and family to channel effort into specific
	changes that will lead to the long term goal of problem
14/ 1 C	resolution.
Workforce	The Workforce Development Group will produce the
Development Plan	Workforce Development Plan. The scope of the plan will
(WDP)	address the current and future demands for a sufficient and
	competent mental health workforce and the infrastructure needed to operate the System of Care. The plan will focus
	on developing the capacity and competencies needed for
	creating sufficient access to care. The plan will contain short
	and long-term strategies.
Wraparound	A definable planning process that results in
	a unique set of community services and natural supports
	that are individualized for a child and family to achieve a
	positive set of outcomes; services are "wrapped
	around" the child and family in their natural environments.
	The wraparound planning process is child- and family-
	centered, builds on child and family strengths, is community-
	based (using a balance of formal and informal supports), is
	culturally relevant, flexible, and coordinated across
	agencies; it is outcome driven, and provides unconditional
	care.

## Youth Empowerment Services (YES) The name chosen by youth groups in Idaho for the new System of Care that will result from the Children's Mental Health Reform Project. The youth chose the Idaho Mountain Bluebird as the symbol. The tag line is: Youth Empowerment Services: Empowering the mental wellness of children, youth and their families.